



PTO/SB/06 (08-00)  
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# PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

10/702,501

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	16 minus 20 = *	0
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$
x \$	=
x	=
+	=
TOTAL	

OR

OR

OR

OR

OR

RATE	FEE
	\$770
x \$	=
x	=
+	=
TOTAL	770

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN  
SMALL ENTITY

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	* 32	Minus	** 20	= 12
	Independent (37 CFR 1.16(b))	* 5	Minus	*** 3	= 2
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x \$	= 216
x	= 172
+	=
TOTAL ADDIT. FEE	388

(Column 1)

(Column 2)

(Column 3)

TOTAL  
ADDIT. FEE

OR

OR

OR

OR

OR

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

TOTAL  
ADDIT. FEE

OR

OR

OR

OR

OR

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL ADDIT. FEE	

OR

OR

OR

OR

OR

RATE	ADDI- TIONAL FEE
x \$	=
x	=
+	=
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.  
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